

FILED JUL 15 1955

STANDARD CERTIFICATE OF DEATH

State File No.

19084

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Tackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Lee's Summit</u>		c. CITY OR TOWN <u>Lee's Summit</u>	d. In residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		STREET ADDRESS (If rural, give location) <u>608 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 Jefferson</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Peter</u>	c. (Last) <u>Echart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 30 - 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-3-1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days <u>- -</u>	IF UNDER 24 HRS. Hours Min. <u>- -</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Meadville, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. OTHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Echart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-14-3193</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Echart</u> ADDRESS <u>Lee's Summit</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Carcinoma of Head of Pancreas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary sclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>2 yrs</u> <u>3 yrs.</u> <u>10 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	157X		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1955, to June 30, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.R. Jenkins</u> (Degree or title)	23b. ADDRESS <u>P.O. Lee's Summit, Mo.</u>	23c. DATE SIGNED <u>7-1-55</u>
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>July-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-5-1955</u>	REGISTRAR'S SIGNATURE <u>N.B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.N. Blackman</u> ADDRESS <u>Eden R.C.M.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

JUL 29 1955

AUG 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *465*

P. O. Address *H.C.W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.